

EXHIBIT E

INFERTILITY INSURANCE SETTLEMENT
C/O ATTICUS ADMINISTRATION
PO BOX 64053
SAINT PAUL MN 55164



**Scan This
Code to
Complete
Form
Online:**

Display
Category B or C
QR Code Per
Class Member
Status

<<claimantid>>_<classcode>><<seqid>>

<<LITIGATION MEMBER NUMBER>>

Claimant ID: <<claimant ID>>

<<FIRST NAME>> <<LAST NAME>>

<<ADDRESS>>

<<CITY>> <<STATE>> <<ZIP>>

ATTESTATION FORM

Goidel et al. v. Aetna Life Insurance Company
U.S. District Court, Southern District of New York
Case No. 1:21-cv-07619 (VSB)

**CATEGORY B AND CATEGORY C CLASS MEMBERS MUST COMPLETE &
RETURN THIS FORM SO IT IS RECEIVED BY BAR DATE TO BE ELIGIBLE
FOR AN APPROXIMATELY \$10,000 PAYMENT**

**COMPLETION AND SUBMISSION OF THIS FORM IS NOT GUARANTEE OF
ELIGIBILITY. YOU MUST COMPLETE AND SUBMIT THIS FORM TO BE
CONSIDERED.**

**PLEASE READ THIS ATTESTATION FORM AND THE ENCLOSED
SETTLEMENT NOTICE CAREFULLY**

You have been identified as a potential Category **B or C Class Member.** According to Defendant's records, your member files contain a precertification request or claim for one of an agreed upon set of artificial insemination or invitro fertilization ("IVF") codes covered by this settlement that was for services received between September 1, 2017 and May 31, 2024. You may also be a potential Category C Class Member if you never submitted a precertification or claim request, but nevertheless underwent artificial insemination associated with one of an agreed-upon set of qualifying intracervical insemination ("ICI") or intrauterine insemination ("IUI") codes. To be eligible for an approximately \$10,000 payment, you must complete and return this Attestation Form, so it is received by the Settlement Administrator on or before Bar Date.

Litigation Number: <<Litigation Number>> **Member Name:** <<First Name>> <<Last Name>>

At the time you sought coverage for or received artificial insemination services, were you in a same-sex relationship?

_____ Yes _____ No

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge.

Signature

Date

Sign an Attestation Form online at www.InfertilityInsuranceSettlement.com

Or submit your completed paper form by mail, email, or fax:

Infertility Insurance Settlement
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164

EMAIL: InfertilityInsuranceSettlement@atticusadmin.com

FAX: 1-888-326-6411